

Adult Day Health Care

Definition: Adult Day Health Care services are furnished 4 or more hours per day on a regularly scheduled basis for one or more days per week, in an outpatient setting, encompassing both health and social services needed to ensure the optimal functioning of the participant. Authorization of services will be based on the participant's need for the service as identified and documented in the participant's plan. Meals provided as part of these services shall not constitute a "full nutritional regimen" (3 meals per day). Physical, occupational and speech therapies indicated in the participant's plan are not furnished as component parts of this service.

For Medicaid beneficiaries needing transportation to and from the ADHC center, ADHC providers have the option to contract directly with a non-emergency medical transportation (NEMT) broker or participants can access a transportation broker directly. If participants are not Medicaid eligible, other arrangements must be made for transportation.

For participants who reside in a DDSN licensed facility and receive a daily rate for residential habilitation, transportation to and from the ADHC facility is the responsibility of the residential provider.

Providers: Centers/agencies listed as providers of Adult Day Health Care on the Qualified Provider Listing on DDSN's website. When Adult Day Health Care services are needed and documented on the plan, a list of qualified service providers should be given to person / representative from which a provider can be chosen. Choosing a provider may include the person / representative visiting several providers before choosing one. The offering of choice should be documented in service notes.

Arranging For The Service:

The Adult Day Health Care Center is required to secure a physical examination within 60 days prior to the enrollment of any participant. The physician's report must include recommendations regarding limitations of activities, special diet, medications (name, type, dosage and whether the individual is capable of self-administering), and other considerations to determine whether appropriate services are available. The *SFCS Adult Day Health Care Physician Recommendation* form can be used to document the physician's report but is not required.

The need for Adult Day Healthcare services must be documented in the Support Plan and the plan must be approved by the DDSN Admin Division before services can be authorized. The cost of Adult Day Health Care must be added to the *State Funded Community Supports Budget Calculator*. Under no circumstances may the annual cost limit of the State Funded Community Supports be exceeded.

The *SFCS Authorization (Other Services-DDSN Billed)* must be used to authorize the service. The authorization instructs the provider to bill DDSN for services rendered. See billing procedures in the SFCS Manual, section 7, for additional information. The *SFCS Authorization (Other Services-DDSN Billed)* will remain in effect until a new authorization is issued or a *Notice of Reduction or Termination Form (SFCS Form 4)* is issued.

Monitoring the Services: The plan, which includes ADHC services, must be monitored in accordance with DDSN Case Management Standards.

Reduction or Termination of Services: When ADHC services are being reduced or terminated the *Notice of Reduction or Termination (SFCS Form 4)* must be used to notify the participant/representative, the provider and DDSN. See the SFCS Manual, section 6, for additional information.

